



DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name:

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRING PATTERN AND METHOD OF MANUFACTURING THE SAME AND THIN FILM MAGNETIC HEAD AND METHOD OF MANUFACTURING THE SAME

described and claimed in the specification:

Check one

*a. attached hereto.

b. filed on February 8, 2002 as Application Serial No. 10/067,863.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Typewritten Full Name of Sole or First Inventor Yoshitaka SASAKI

2 Inventor's Signature Yoshitaka Given Name Middle Initial Family Name

3 Date of Signature July 10, 2002

Residence Sunnyvale California U.S.A.

City California State or Province Country

Citizenship Japanese

Post Office Address 250, West El Camino Real APT. 1104,
(Insert complete mailing address, including country) Sunnyvale, CA. 94087, U.S.A.

*If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature	July 16, 2002		
	Residence City	Kwai Chung, N.T., Hong Kong	State or Province	People's Republic of China Country
	Citizenship	Japanese		
	Post Office Address (Insert complete mailing address, including country)	SAE Tower, 38-42, Kwai Fung Crescent, Kwai Chung, N.T. Hong Kong, People's Republic of China		
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
	Residence City	State or Province		Country
	Citizenship			
	Post Office Address (Insert complete mailing address, including country)			
	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
	Inventor's Signature			
	Date of Signature			
	Residence City	State or Province		Country
	Citizenship			
	Post Office Address (Insert complete mailing address, including country)			
	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
	Residence City	State or Province		Country
	Citizenship			
	Post Office Address (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
	Residence City	State or Province		Country
	Citizenship			
	Post Office Address (Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.